Your Name: _____   Date: _____

OUTREACH ACTIVITY DATA COLLECTION FORM   () #&' #$* ž˙FYj]gYX˙**10/2**+/**10**)

1. NLM project title: *(if applicable)*

2. Activity name:

3. Describe activity: *(optional)*

4. Date of activity:

5. Organization conducting activity:

6. Type(s) of organization(s) involved in activity: *(please check ALL that apply - e.g., if you are an academic health sciences library, check both Health Sciences Library as well as Academic Institution)*

☐ Health Sciences Library   ☐ Hospital   ☐ Faith-based

☐ Public Library   ☐ Clinic/Other Health Care   ☐ Other

☐ Government Agency   ☐ Academic Institution   *Please specify* :_____

☐ Public Health   ☐ Community-based

7. Session content: *(please check ALL that apply)*

☐ PubMed   ☐ NLM Gateway   ☐ Other Technology Content

☐ MedlinePlus   ☐ TOXNET   *(e.g., Health Resources on the Internet, Website Usability)*

☐ ClinicalTrials.gov   *Please specify* :_____

☐ NCBI   ☐ Other, Non-technology Content

Please specify :_____

8. Length of activity: *(as fraction of an hour, e.g., .5, .75, 1.5, 2.5)*	**9. Hands-on practice:** *(access to computers provided during or after session)* ☐ YES ☐ NO
10. Activity conducted remotely: *(from remote site, e.g., web-based class, videoconference)* ☐ YES ☐ NO	**11. Continuing education credit offered:** *(CME, CEU, etc.)* ☐ YES ☐ NO

PARTICIPANT INFORMATION

12. Significant number of minorities present: *(³50%)*   ☐ YES *If **YES**, please fill out 13.*   ☐ NO

13. Minority populations present: *(Report only when ³50% of participants are minorities. Check ALL that apply.)*

☐ African American   ☐ Asian and Pacific Islander   ☐ Native American

☐ Alaska Native   ☐ Hispanic

14. Estimated number of participants:

ZIP CODE AND COUNTY WHERE ACTIVITY OCCURRED *E.g. 46202-4525, Marion County*

15. ZIP code: (if activity was not held in the US, indicate "International")	**County:** (applicable only if activity was held in US)

16. Was a participant information sheet distributed?   ☐ YES   ☐ NO